

Eden Country Care Limited

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Inspection report

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Date of inspection visit:
20 February 2019
05 March 2019

Date of publication:
29 May 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Eden Country Care Limited is a domiciliary care service that was providing personal care to approximately 300 people, in their own homes, at the time of the inspection.

People's experience of using this service: The service was exceptionally flexible and responsive to people's individual needs and preferences. Staff found inclusive ways to meet people's needs and enable them to live as full a life as possible. The provider encouraged and enabled people to take part in activities and meet new friends. Transport was provided so people who lived rurally could be part of their local community.

People told us that they felt safe and confident with the standard of care provided. There were enough staff available to provide safe and consistent care to people. Systems were in place to protect people and help keep them safe.

People's medicines were managed safely. Wherever possible, people managed their own medicines. Assessments had been carried out to identify the level of support needed and to keep people safe.

The provider made sure that only suitable people were employed as care workers. Thorough checks had been carried out on them before they started work.

Staff were provided with infection control training and protective clothing. The infection control policies were not sufficiently robust. We have made a recommendation about this.

Staff knew the needs of the people they supported very well. Individual care and support records reflected the care provided. People told us they received good quality care from staff who were described as "marvellous", "very, very caring" and "excellent".

People had been involved with the decisions about their care and what should be included in their care plans. Their care plans also showed that people had access to other health and social care services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service generally supported this practice. Information around "Best Interests" and the decision-making process was not clear. We have made a recommendation about this.

Staff received suitable support, training and development.

Action plans were in place to help keep improvements to the service on track. There were a range of checks in place to help monitor the quality and safety of care provided. The provider demonstrated that lessons had been learned when things went wrong.

Rating at last inspection: At our last inspection of this service the rating was Good. The last inspection report was published 29 September 2016.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Eden Country Care Limited

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Consisted of one inspector, one assistant inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for older people or someone who uses this type of care service.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing. It provides a service to older people, people with a physical or sensory disability, people living with dementia and mental health illness, people with learning disabilities or autistic spectrum disorder and people who may misuse drugs or alcohol.

Not everyone using Eden Country Care Limited receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection site visit because the managers are often out of the office, supporting staff or providing care. We needed to be sure that they would be in.

The inspection site visit activity started on 20 February 2019 and ended on 5 March 2019. We visited the office location on both days to see the registered manager and office staff; and to review care records,

policies and procedures.

What we did:

Before the inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection: We reviewed three people's care records; records of incidents, accidents and complaints; the staff training and supervision records; audits and quality assurance reports. We received comments from six health and social care professionals. We spoke with the registered manager, deputy managers, the marketing manager and nine care staff. We also spoke to 23 people using the service and ten relatives.

The provider sent us further information as requested, following the inspection site visits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Safeguarding policies and procedures were in place.
- Most staff had received training in safeguarding and keeping people safe from harm and abuse. They could discuss this subject with us and were aware of actions they needed to take when necessary. However, the training records of the office based staff showed that they had not routinely participated in this training or annual updates. The registered manager told us that plans were being developed to ensure all staff had this training.
- A social care professional told us, "I have had dealings with Eden Country Care in respect of safeguarding, customer complaints and contractual arrangements. I have found staff courteous, constructive and helpful. My experience is that Eden Country Care are open to criticism, look into matters appropriately and take appropriate action in respect of their findings."

Assessing risk, safety monitoring and management.

- Risk assessments were carried out to keep people and staff as safe as possible.
- Emergency procedures were in place to ensure the service continued.

Staffing and recruitment.

- People and relatives told us they felt safe and confident with the staff who visited them. People told us staff always attended their planned visits.
- Staff told us that there were "usually" enough staff on duty. One member of staff said that there were times when their workload became "difficult." They said that this was usually when other staff were off work sick or on holiday. However, everyone that we spoke with told us that they always received the service expected.
- The service tried to plan for staff holidays and staff who were intending to leave. A permanent recruitment drive was in place due to the demands on the service.
- The provider had developed a home care assistant profile tool. This described the desirable and essential qualities of being a home care assistant. It was a useful and easy to use tool that helped the provider select the right staff during the interview process.
- Safe recruitment procedures were followed.

Using medicines safely.

- Medicines were managed and administered safely.
- Staff had been provided with training and annual competency checks.
- Wherever possible people were encouraged to manage their own medicines.

Preventing and controlling infection.

- Staff were provided with training and regular updates.

- Gloves, aprons and uniforms were available to staff.
- The provider had a basic procedure in place with regards to preventing and controlling infection. The policy did not meet national guidance.

We recommend the service reviews and updates their infection control and prevention processes in line with current best practice and guidance from a reputable source.

Learning lessons when things go wrong.

- Lessons had been learnt, for example a mistake with medication showed that reflective practice work had been carried out with the member of staff and their competency had been re-checked.
- A health care professional told us, "The service acts appropriately and are co-operative. If alerts are raised which involves their carers and their practice, the service has accepted responsibility. They have internally investigated, made action plans and learned from such incidents."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Care plans contained detailed assessments of people's care and support needs.
- Assessments took into account people's personal preferences and wishes.
- Staff worked together to develop best practice strategies for people living with dementia.

Staff support: induction, training, skills and experience.

- Staff felt supported with their work. One person said, "(Name) is fantastic. They always make time to listen to me and I don't feel rushed when having the conversation. They always get back to me and let me know of any updates or outcomes to the things I have raised."
- One of the staff that we spoke with had no previous experience of care work. However, they told us, "The training was fabulous. It was very intense but I enjoyed it. I felt fully equipped to do the job by the time I had completed my induction."
- There was evidence of staff appraisals and supervision being carried out. There were gaps in the records and not all staff were up to date with their on-site assessments and competency checks. The provider was in the process of getting these checks up to date.

Supporting people to eat and drink enough to maintain a balanced diet.

- People were supported with eating and drinking where necessary.
- One person told us, "They (staff) do help me with my meals. They get just whatever I ask for."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People's care records provided clear and detailed information about working between services, particularly with community nursing services, hospital appointments and admissions.
- People were supported to access their doctor when needed or to attend routine appointments (if this was part of their assessed care plan).
- Healthcare professionals gave positive feedback about working together. One professional said, "The management and leadership team are all very approachable, communicative and responsive. They listen and are willing to work with us to resolve any issues quickly and effectively."

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. At the time of our inspection there was no one subjected to such restrictions.

- People's care records showed they had been consulted and involved in the planning of their care and support. People had consented to their care and support plans.
- Most staff had been provided with training about the MCA and obtaining consent and were able to discuss this subject with us. However, some of the staff working in the offices had not completed this training. The registered manager told us that the training was planned soon.
- The provider had policies and procedures in place in relation to the MCA and consent. There were some gaps in these processes, particularly around "Best Interest" and the decision making process.

We recommend that the provider updates their policies in line with current legislation and best practice guidance.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- The staff we spoke with were very knowledgeable about people's care and support needs. They used this knowledge to provide care in a way which people responded well to. They had received training with regards to equality and human rights and were familiar with the need to respect people's diversity.
- One member of staff told us, "Everyone I care for is different, that's what I love. Everyone has their own preferences and ways they like things to be done and I respect that." Another said, "All the people I visit are different. I find I have enough time to talk to them and get to know them, as well as completing the tasks I have to do."
- Health and social care professionals told us that most of the staff will go "the extra mile". They told us that the staff were, "Very kind, caring and supportive to people and their families." One of the health care professionals said, "Staff at Eden Country Care always seem to have a genuine care for the person, and want to achieve the best for them."
- The people we spoke with were very complimentary about the staff, the support received and the service in general. People told us that they were always treated with kindness and dignity.
- One person said, "My carer could only be described as `marvellous`, nothing more and nothing less. My consultant gave them a commendation for the work they did in supporting me with one of my conditions. They (staff) are also compassionate. They talk to me about my illness. They are a comfort and I`d 100% recommend them!"
- Relatives and people using the service were also pleased with the way they were treated and supported. One relative told us, "Everything is personalised for my relative and staff are excellent at encouraging them to do things." One person said, "They work very hard and I`m very grateful and don't know what I`d do without them. I`m paralysed and have been pleasantly surprised about how many carer`s are so well trained about looking after my disability." We were also told by one person that even their dog was cared for!

Supporting people to express their views and be involved in making decisions about their care.

- People confirmed they were fully involved in the development of their care plans. They told us that their care needs were regularly reviewed with them.
- Staff told us that they usually had enough time to discuss people's needs on a day to day basis. One member of staff said, "It's lovely to have longer calls in place so we can sit and get to know the person, although this doesn't happen all the time and sometimes we don't really get to know the person we are caring for."
- Staff shared their ideas for helping to make this aspect of the service better. One member of staff thought it would be a good idea to make the first call a person received, longer. This would allow time to go through their care plan with them, help to "get to know" them and "put them at ease." We passed this idea onto the

registered manager.

- Staff spent time chatting to people about their needs and wishes.
- The service carried out quality and satisfaction surveys, and the registered manager was in the process of preparing a final report.

Respecting and promoting people's privacy, dignity and independence.

- Staff were mindful of maintaining the privacy and dignity of the people they supported. One member of staff explained, "I ensure people have their privacy and dignity maintained when I am helping them with their personal care. I always seek their consent and explain what I am doing. Where possible I encourage people to be independent, sometimes with my support." Another member of staff said, "I always ensure people are covered up when they are receiving personal care to respect their dignity."
- People and their relatives commented positively on the way staff respected their privacy. One relative said, "The staff do everything that we ask of them. They dress and shower my relative and ensure their dignity is protected. The staff also help to maintain independence by encouraging my relative to be self-caring." One person said sometimes their care needs took a bit longer to provide. They said, "What is really good is sometimes instead of doing an hour and a quarter they do more and spend more time with me, which I love. I couldn't wish for anyone better!"

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- The provider was passionate about supporting people who lived in rural areas to avoid social isolation. Staff were dedicated to enabling people to get together to build relationships and be an active part of their community. Staff offered a befriending service where they visited isolated people. The provider hosted events designed to help people meet new friends, often arranging free transport so people could attend. One person told us they had volunteered to plan more social events and were looking forward to arranging them with staff.
- There was a strong emphasis on supporting people to try new opportunities and learn new skills. This had a positive impact on people's self esteem and wellbeing. The provider had held fundraising events and applied for grants to raise money to host a facilitated community arts project. One person had particularly benefited from this group. Staff told us their confidence had grown each week they attended, and they had started to help staff set up and close the group. This had led to them being offered a regular voluntary role within Eden Country Care Limited where they were a valued member of the team.
- People told us about the different ways that staff enriched their lives. One person said, "They have kept me going. Without them I would be fed up." Another person told us that following staff support they were able to access public transport again. They said, "They [staff] listen. They talk to me with respect. They don't talk down to me so I feel more relaxed with them. For a long time I struggled to get out the door. But I trust them [staff] so I'm starting to be able to do more. I've started to go on the bus recently. That would have been impossible a while back."
- People received person-centred care, from staff who understood them as an individual. Staff had developed life story books for some people, such as those living with a dementia condition. The books were a collection of memories and photographs, which helped staff to understand people's lives so they could talk with them about their families and interests.
- People received a consistent and reliable service. The registered manager had devised a system to monitor and reduce the number of different staff coming into each person's home on a daily and weekly basis. So people received care from a small core team of staff. They were sent a weekly rota so they always knew which staff to expect and when.
- Staff worked with people to make sure care was flexible and responsive to their individual needs. People told us that staff went out of their way to help if they had an appointment and needed to change their usual visit.
- Information was available in formats that people could understand.

End of life care and support.

- People received compassionate care at the end of their lives. The registered manager appreciated what a sensitive time this was for people and their families. Families were given bereavement books when people

had died. This book was completed by staff with their memories of the time they spent with the person. The registered manager told us staff always attended funerals of the people they had cared for. They explained that they wanted relatives to know how valued the person was to staff. Relatives had sent thank you cards about the care which was provided at this important time in people's lives.

- Staff respected people's religious beliefs and wishes. People were asked to share their wishes for after their death. Each staff member was given an information sheet which included customs and religious protocols in the event of a death.

Improving care quality in response to complaints or concerns.

- The provider actively sought people's feedback to improve upon the care they provided. They had worked to remove barriers by arranging for an independent volunteer to telephone people to ask them about their experiences. The registered manager told us they were able to get a better understanding about what was really important to people through this contact rather than relying on written surveys.

- People were aware of the complaint process and knew who to contact if they had a problem. They were confident that any concerns would be dealt with properly.

- People and health professionals told us any complaints were dealt with effectively. A social worker told us, "We spoke with one relative who had met with the registered manager over some concerns they had, they were very satisfied with their approach, communication and overall response."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager told us they were mindful of not over stretching the service as ultimately this would impact on the quality and safety of the care provided.
- The provider had introduced a new staff role to provide a more flexible service to people living in very rural areas. The new role was created to attract experienced staff to provide short notice support to people living in locations which would have previously been difficult to cover.
- The service had developed clear plans and strategies to help ensure the service could be delivered at all times. Links developed with local farmers and garages helped to make sure staff could get to people in bad weather, for example.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The provider had enlisted the services of an independent volunteer. This person had visited people in their own homes to obtain their views on the quality and safety of the service.
- People and relatives confirmed they were asked for their views and opinions. One relative said, "They come out every year and ask us questions to check that we are satisfied with everything." One person told us, "They come to see me regularly to make sure I am happy with everything."
- Team meetings took place on a regular basis and were usually well attended by staff. The meetings gave staff an opportunity to comment on the service, their work and for shared training and learning. Meetings were often attended by healthcare professionals who cascade knowledge and provide relevant updates.
- Some people who used the service had some specialist requirements. We saw that staff had met together as a team and discussed what had worked well and what had not gone so well when supporting these people. Best practice guidance had also been considered to help make sure people were supported in a way that responded safely and effectively with their needs.

Continuous learning and improving care.

- The provider carried out audits and checks on various areas of the service.
- Annual reports of complaints, accidents and safeguarding incidents had been produced. The checks looked at the nature of complaints and accidents or safeguarding matters. They also looked at the response times and outcomes for people using the service.
- Action plans, with timescales, had been developed to help make sure improvements to the quality and safety of the service were made in a timely way.

- The provider had put in place a number of strategies to retain their skilled staff team. Information had been analysed to determine trends in staff leaving the service. New incentives and processes had been introduced to recognise staff commitment and to support staff.

Working in partnership with others.

- The service worked in partnership with others.
- One healthcare professional who we contacted told us, "The management and leadership team are all very approachable and responsive. They communicate, listen, and are willing to work together to resolve any issues quickly and effectively."
- One of the social work team said, "There have been some occasions of good timely response to supporting customers in urgent situations of requiring additional care." Another social worker told us, "When I have provided advice to Eden Country Care, they have always been very welcoming of this."
- The service had links and worked with the local charity, Eden Carers. This service helps people and their carers, access other services and social activities in the local area.